

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 3.1-A  
Item 6. Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services  
42 CFR Item 6.c.  
440.60

Chiropractors

The Bureau of Health Services Financing suspends coverage for chiropractic services under the State Plan effective December 1, 1995.

EPSDT RECIPIENTS ARE EXEMPT FROM THIS SUSPENSION; CHIROPRACTORS MAY BE REIMBURSED ONLY FOR MANUAL MANIPULATION OF THE SPINE IF SUPPORTED BY MEDICAL NECESSITY

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-26-95</u>	
DATE APPV'D <u>01-31-96</u>	
DATE EFF <u>12-01-95</u>	
HCFA 179 <u>95-51</u>	

TN# 95-51 Approval Date 01/31/96 Effective Date 12/01/95  
Supersedes  
TN# 95-41

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 3.1-A  
Item 6. Page 2a

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services  
42 CFR Item 6.c.  
440.60

Chiropractors

I. Definition - A chiropractic care service is defined by the Medicaid Program as a medically necessary manual manipulation of the spine performed on one to three areas of the spine.

II. Service Limitations and Prior Authorization

A. Age

1. Recipients twenty-one years of age and older may receive chiropractic services for a maximum of twelve different dates of service per state fiscal year. Prior authorization must be obtained from the fiscal intermediary for the thirteenth (13th) and subsequent dates of service up to a maximum of eighteen (18).
2. Recipients five through twenty years of age may receive chiropractic services for a maximum of twelve different dates of service per state fiscal year without prior authorization or documentation of medical necessity. Reimbursement for the thirteenth (13th) and subsequent dates of service shall pend for medical review and shall be paid only if provided as the result of a referral from an EPSDT medical screening provider.
3. Recipients from birth through four years of age are eligible to receive chiropractic care services only if each date of service is prior authorized by the fiscal intermediary. Requests to treat a child under four years of age must be received and prior authorized before the first treatment is administered. Claims for dates of service prior to the authorization date will not be considered for payment.

STATE	LA	A
DATE RECD	12-23-97	
DATE APPLD	3-17-98	
DATE EFF	10-21-97	
S 179	97-24	

TN# 97-24 Approval Date 3-17-98 Effective Date 10-21-97 Supersedes  
TN# NONE / New PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 3.1-A  
Item 6, Page 3

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	1. <u>Anesthetists</u>
42 CFR	Care and Services	"Anesthetist" includes anesthesiologists and certified registered nurse anesthetists (CRNAs). Definitions are included in 4.19-B, Item 6.d.
440.60	Item 6.d.	

Only anesthesia services provided in accordance with State law are reimbursable to anesthesiologists and certified registered nurse anesthetists.

Payment for anesthesia services is available only for the day of the surgery or delivery.

2. Audiologists

a. Audiology services are defined as diagnostic, preventive, or corrective services for individuals with speech, hearing, and language disorders provided by or under the direction of an audiologist.

b. A referral must be made by a licensed physician for these services.

c. Qualification requirements:

1) Licensure - An audiologist must be licensed by Louisiana Board of Examiners for Speech Pathology and Audiology.

2) Certification

a) An audiologist must have a certificate of clinical competence from the American Speech-Language and Hearing Association (ASHA); or

b) Must have completed the equivalent educational and work experience requirements for the certificate; or

STATE <u>Louisiana</u>	A
DATE REC'D <u>09-30-96</u>	
DATE APP'D <u>10-15-96</u>	
DATE <u>02-01-96</u>	
HCFA 179 <u>96-19</u>	

TN# 96-19 Approval Date 10/15/96 Effective Date 02/01/96  
Supersedes  
TN# 93-23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A  
Item 6, Page 4

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- |                 |                      |                                                     |
|-----------------|----------------------|-----------------------------------------------------|
| <u>CITATION</u> | Medical and Remedial | c) Must have completed the academic program and be  |
| 42 CFR          | Care and Services    | acquiring supervised work experience to qualify for |
| 440.60 and      | Item 6.d. (Contd.)   | the certificate.                                    |
| 440.110 (c)     |                      |                                                     |
- d. Current regulations of the Physician Program will govern the reimbursement and frequency of these services.

EPSDT beneficiaries are excluded from service limitations.

STATE <u>Louisiana</u>	A
DATE REC'D <u>JUL 20 1993</u>	
DATE APPV'D <u>AUG 25 1993</u>	
DATE EFF <u>JUL 01 1993</u>	
HCFA 179 <u>93-23</u>	

TN# <u>93-23</u>	Approval Date <u>AUG 25 1993</u>	Effective Date <u>JUL 01 1993</u>
Supersedes		
TN# <u>Mr. New Page</u>		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 3.1-A  
Item 7. Page 1

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION  
42 CFR  
440.70

Medical and Remedial  
Care and Services  
Item 7.

Home Health Care Services

I. Services/eligibility

- A. Home Health services (in addition to other services and items available to eligible persons in their own home as described elsewhere in this plan) are the following services and/or items provided to an eligible individual in his place of residence. However, in this context, the definition of residence does not include a hospital or a skilled nursing facility or intermediate care facility.
- B. These services and/or items must be ordered by the eligible individual's physician as part of a written plan of care which is reviewed by his physician at least every sixty (60) days. The recipient must also have been determined by the physician and the Medicaid Program to meet the following criteria:

Homebound Criteria for Medicaid Recipients:

The recipient:

1. experiences a normal inability to leave home; **and**
2. is unable to leave home without expending a considerable and taxing effort; **and**
3. whose absences from the home are infrequent, of short duration, or to receive medical services which may be

TN# <u>97-22</u>	Approval Date _____	Effective Date _____	Supersedes _____
TN# <u>95-14</u>			

STATE LA

DATE RECD 9-25-97

DATE 10-17-97

DATE CHG 9-20-97

HCFA 179 97-22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 3.1-A  
Item 7. Page 2

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

unavailable in the home setting, such as ongoing treatment of outpatient kidney dialysis, outpatient chemotherapy, outpatient radiation therapy, minor surgical interventions or to attend school when the conditions as stated in Items a. and b. below are met.

(a) The certifying physician's orders which must document and meet the criteria established by the Bureau of Health Services Financing are subject to prior authorization in order for multiple daily home visits for skilled nursing services to be approved. Those criteria include, but are not limited to:

- (1) the medical condition of the recipient/student meets the medical requirement for the skilled nursing services in the home and that the provision of these services in the home is the most appropriate level of medical care;
- (2) that the failure to receive skilled nursing services in the home would place the recipient at risk of developing additional medical problems or could cause further debilitation; and
- (3) that the recipient requires skilled nursing services on a regular basis and that these services cannot be obtained in an outpatient setting before or after normal school hours; therefore, Home Health may provide services to the individual in the home before or after normal school hours. Medicaid does not reimburse for any Home Health

STATE	<u>LA</u>	A
DATE REC'D	<u>9-25-97</u>	
DATE APP'D	<u>10-17-97</u>	
DATE EFF	<u>9-20-97</u>	
HCFA 179	<u>97-22</u>	

TN# 97-22 Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_ Supersedes  
TN# 95-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 3.1-A  
Item 7, Page 3

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF  
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS  
FOLLOWS:

services which might be provided in an  
educational setting.

b. In addition, the following conditions must be met:

- (1) The recipient is determined to be medically fragile. A medically fragile individual is one who has a medically complex condition characterized by multiple, significant medical problems, which require extended care. Examples of medically fragile patients are patients whose care requires most or all of the following services/aids: use of home monitoring equipment, IV therapy, ventilator or tracheostomy care, feeding tube and nutritional support, frequent respiratory care or medication administration, catheter care, frequent positioning needs, etc.
- (2) The recipient is determined to be dependent upon special accommodations such as specially equipped vehicles or medical devices in order to attend school.

STATE <u>LOUISIANA</u>	A
DATE <u>JUL 03 1995</u>	
DATE <u>SEP 29 1995</u>	
DATE <u>APR 01 1995</u>	
HCFA 179 <u>95-14</u>	

Item 7.a. Intermittent or part-time nursing services provided by a Home Health Agency. Limitations on visits are the same as listed in 7.b. of this attachment.

Item 7.b. Home Health Aide Services provided by a Home Health Agency.

These services are personal care services to a patient according to a plan of treatment as outlined by the attending physician and the Home Health Agency. The agency must assign a professional registered nurse to provide continuing supervision of the aide.

TN# 95-14 Approval Date 9/29/95 Effective Date 4/1/95  
Supersedes  
TN# 90-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 3.1-A  
Item 7, Page 4

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF  
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS  
FOLLOWS:

Limitations on Home Health services are as follows:

- (1) Visits by either a nurse, home health aide or physical therapist may not exceed an aggregate of 50 visits per calendar year. Additionally, the Bureau of Health Services Financing will pay for only one visit per day per recipient.
- (2) Although Medicare will not pay for Home Health Services unless skilled services (skilled nursing, physical therapy, or speech pathology) are also required, Medicaid will pay for aide visits if only aide visits are required, subject to the above limitations. It is not a Medicaid requirement that skilled services be ordered as a prerequisite for Home Health Services to be covered under Title XIX except when the need for skilled services are used as a determinant that EPSDT medically fragile children meet the definition of medical necessity as a requirement for eligibility.
- (3) For Title XVIII/Title XIX (Medicare/Medicaid recipients), the Bureau of Health Services Financing will make payment for aide visits if only aide visits are required, subject to the 50 visits per calendar year limitation.

**EPSDT RECIPIENTS ARE EXCLUDED FROM SERVICE LIMITATIONS**

Item 7.c.

Medical supplies, equipment, and appliances suitable for use in the home.

STATE	<i>Louisiana</i>
DATE REC'D	JUL 03 1995
DATE ADJ'D	SEP 29 1995
DATE LIT	APR 01 1995
HCFA 179	95-14

A

Medical supplies provided by a Home Health Agency are allowable when recommended by the physician as medically necessary for the eligible individual and suitable for use in the home.

TN# 95-14 Approval Date 9/29/95 Effective Date 4/1/95  
Supersedes  
TN# 90-19



AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF  
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS  
FOLLOWS:

Prior authorization is required for the purchase of all equipment and appliances. The local parish office provides authorization for items costing \$25.00 or less. For items costing over \$25.00, the local parish office submits request(s) for approval for the purchase of the item(s) to the Medical Review Team of the Bureau of Health Services Financing, Department of Health and Hospitals.

Item 7.d. Rehabilitation services provided by a Home Health Agency.

- (1) Rehabilitation services which may be provided by a Home Health Agency are limited to physical therapy.
- (2) Physical therapy must be prescribed by the eligible recipient's physician in the physician's treatment plan. Services must be provided by a qualified therapist as defined in Title XVIII conditions for participation for Home Health Agencies.
- (3) Limitations on visits are the same as listed in 7.b. above.

EPSDT RECIPIENTS, BASED UPON MEDICAL NECESSITY,  
MAY BE EXCLUDED FROM SERVICE LIMITATIONS.

STATE <u>Louisiana</u>	A
DATE REC'D <u>JUL 03 1995</u>	
DATE APPV'D <u>SEP 29 1995</u>	
DATE EFF <u>APR 01 1995</u>	
HCFA 179 <u>95-14</u>	

TN# 95-14 Approval Date 9/29/95 Effective Date 4/1/95  
Supersedes  
TN# SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 MEDICAL ASSISTANCE PROGRAM  
 STATE OF LOUISIANA

ATTACHMENT 3.1-A

Item 9. Page 1

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care and Services  
 42 CFR Item 9.  
 447.304  
 440.130 Clinic Services (Other than Hospitals)

A. Mental Health Clinics, Substance Abuse Clinics, Prenatal Health Care Clinics, Family Planning Clinics, End Stage Renal Disease Facilities, and Radiation Therapy Centers

Clinic services are defined as diagnostic, preventive, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician in a facility which is not part of a hospital but is organized to provide medical care to outpatients. The Bureau of Health Services Financing will make payment to private and public end stage renal disease facilities for outpatient dialysis services, radiation therapy centers for radiation therapy service, mental health clinics for outpatient mental health services, substance abuse clinics for outpatient drug abuse services, prenatal health care clinics for outpatient prenatal services, and to family planning clinics for family planning services.

The following maximum service limits are applicable to Substance Abuse Clinic services for recipients age twenty one (21) and older: Twenty six (26) visits per year for individual and group counseling therapy; and twelve (12) visits per year per eligible recipient for family counseling therapy. Collateral counseling services in a substance abuse clinic are not reimbursed. No more than one procedure per day per recipient is reimbursed.

There is a limitation of a maximum of one procedure per day per recipient for mental health clinic services. Occupational therapy, recreational therapy, music therapy and art therapy are not reimbursable services under the Medicaid program.

Prenatal care provided in a prenatal health care clinic is subject to limitations on these services described in Attachment 3.1-A, Item 20.a.

EPSDT RECIPIENTS MAY BE EXCLUDED FROM SERVICE LIMITATIONS BASED ON MEDICAL NECESSITY

A				
STATE	LA	DATE REC'D	9-9-97	
		DATE APP'D	12-4-97	
		DATE EFF	8-1-97	
		HCFA 179	97-14	

IN# 97-14 Approval Date 12-4-97 Effective Date 8-1-97  
 Supersedes  
 TN# 95-40